## FORMAL COMPLAINT OFFICIAL FILE ILLINOIS COMMERCE COMMISSION 527 East Capitol Avenue

Has your complaint filed with that office been closed?

Jan 23 | 50 PH 102

X\_\_Yes

No

Springfield, Illinois 62794-9280

CHIEF-BLERK'S OFFICE For Commission Use Only: Regarding a complaint by Brack Ware - Ware Realty Group (Person making the complaint) against Peoples Gas (Utility name) as to overbilling from August 23, 1999 to January 24, 2001. 2000 (Reason for complaint) and on February 25. in Chicago Illinois. TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS: My mailing address is Ware Realty Group, P.O. Box 53002, Chicago, IL 60653-0002 The service address that I am complaining about is 8100 E. Essex, Chicago, IL 60617 My home telephone number is [\_\_\_\_\_] Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at [312 ] 201-1421 (respondent) is a public utility and is subject to the provisions of Peoples Energy Peoples Gas
(Full name of utility company) the Illinois Public Utilities Act. In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you think are involved with your complaint. 220 ILCS-519-252 Have you contacted the Consumer Affairs Division of the Illinois Commerce Commission about X Yes this complaint?

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Please clearly state what you want the Con	nmission to do in this case.		
That \$18,937.44 be removed from	om our account.		
1/1/2			
Date:			
(Month, day, and year)		11 - 11	
Complainant's signature	a ter-Cye	whia) ware	
f you will be represented by an attorney, p	lease give the attorney's name, add	ress, and telephone number.	
Law Office of Robert Habib		1	
134 N. LaSalle St., Suite 516			
Chicago, IL 60602 (312) 201-1421			
,	es of this form with the Commission	and also provide the Commission one cop	ov for
each utility complained about (referred to a	as respondents).	Talle also provide are commission one co	p <b>, .</b> 0.
	VERIFICATION		
A notary public must watch you fill out this			
CYNTHIA J WARE	, first being duly sworn, say tha	t I have read the above petition and know i	what
t says. The contents of this petition are true	e to the best of my knowledge.	1LD/L R360-1193-8868 EXD 09-20-05- ak C. Wase Trust	
	1 1 1 1	EXD 09-20-05	
Quitant Nase	partualled for	nx ci war ners	
(Signature)			
ubscribed and sworn/affirmed to before m	e this day of	5 2002 <sub>19</sub>	
discribed and swonianimed to before in	" OFFICE AND		
Drawn 10 0 mm	SIDNEY A MILLER	" }	
Notary Public, Illinois	NOTARY PUBLIC, STATE OF ILLINO	ıs ž	
IOTE:	> MY COMMISSION EXTRES 4/12/20	04 <b>{</b>	
		- In the second	
ailure to answer all of the questions on this	form may result in this form being i	returned to you without processing. If you	nave

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts

involved with your complaint. Use an extra sheet of paper, if needed.

See Attach

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.

cc207/07